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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	<u> </u>	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on	Michael		
	your government-issued picture identification (for example, your driver's license or passport).	First name	First name	
		•		
		L. Middle name	Middle name	
	Dring vour picture		Wilder Harrie	
	Bring your picture identification to your	Robinson		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	,		
	Include your married or			
	maiden names.			
3.	Only the last 4 digits of your Social Security number or federal	xxx-xx-8647		
	Individual Taxpayer Identification number (ITIN)			

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Debtor 1 Michael L. Robinson Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
Where you live	5726 South Princeton	If Debtor 2 lives at a different address:
	Chicago, IL 60621 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) Business name(s) Business name(s) EINs Where you live 5726 South Princeton #1 Chicago, IL 60621 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.

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Document Case number (if known) Debtor 1 Michael L. Robinson

Part	Tell the Court About	Your Ba	ınkruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Require</i> f page 1 and check the appro	d by 11 U.S.C. § 342(b) for Individ opriate box.	duals Filing for Bankruptcy
	choosing to file under	☐ Ch	apter 7				
		☐ Ch	apter 11				
		☐ Ch	apter 12				
		■ Ch	apter 13				
3.	How you will pay the fee	_	about how yo	ou may pay. Typ attorney is subi	ically, if you are paying the fo	check with the clerk's office in you ee yourself, you may pay with cas behalf, your attorney may pay with	h, cashier's check, or money
					tallments. If you choose this s (Official Form 103A).	option, sign and attach the Applic	cation for Individuals to Pay
		I	but is not req that applies t	uired to, waive your family size	your fee, and may do so only ze and you are unable to pay	option only if you are filing for Cha rif your income is less than 150% the fee in installments). If you ch yed (Official Form 103B) and file it	of the official poverty line cose this option, you must fill
9.	Have you filed for bankruptcy within the last 8 years?	■ No.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.				
			Debtor			Relationship to	you
			District		When	Case number, if	known
			Debtor			Relationship to y	you
			District		When	Case number, if	known
11.	Do you rent your residence?	■ No.	Go to I	ine 12.			
	residence:	☐ Yes	s. Has yo	our landlord obta	ained an eviction judgment a	gainst you and do you want to stay	y in your residence?
				No. Go to line	12.		
				Yes. Fill out <i>In</i> bankruptcy pet		ction Judgment Against You (Form	101A) and file it with this

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Document Page 4 of 51 Case number (if known) Debtor 1 Michael L. Robinson Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes.

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Michael L. Robinson

Case number (if known)

15. Tell the court whether you have received a

counseling.

briefing about credit

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or

making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate

in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active

military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor	2	(Spouse	Only	in	а	Joint	Case)
--------------	---	---------	------	----	---	-------	-------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Michael L. Robinson Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1** 25,001-50,000 **1**,000-5,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million How much do you □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael L. Robinson Signature of Debtor 2 Michael L. Robinson Signature of Debtor 1 Executed on February 8, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Michael L. Robinson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Rae Kaplan	Date	February 8, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Rae Kaplan Printed name		
Kaplan Bankruptcy Firm, LLC		
25 East Washington St		
Suite 1501		
Chicago, IL 60602		
Number, Street, City, State & ZIP Code		
Contact phone (312) 294-8989	Email address	rkaplan@financialrelief.com
Bar number & State		

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		Ducum	TIL FAUE O UI SI	
Fill in this infor	mation to identify your	case:		
Debtor 1	Michael L. Robins	son		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				Charleit this is an
if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,825.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	4,825.00
Paı	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	15,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	8,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	9,744.00
	Your total liabilities	\$	32,744.00
Pai	t 3: Summarize Your Income and Expenses		
١.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,733.34
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,158.34
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you		
	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Document

Debtor 1 Michael L. Robinson

3.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	2,167.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	8,000.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	8,000.00

Case 16-03681 Doc 1 Filed 02/08/16 Entered 02/08/16 10:33:20 Desc Main Page 10 of 51 Document Fill in this information to identify your case and this filing: Debtor 1 Michael L. Robinson Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Kia Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: **Amanti** Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2004 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 89,000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another V6 Sedan 4D \$3,725.00 \$3,725.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here......>>

\$3,725.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

page 1

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Debtor 1	Michael L. Robins	son		Case number	(if known)	
■ Yes.	Describe					
		cellaneous ho	ousehold furniture, fu	urnishings, goods &]	\$600.00
■ No	es: Televisions and rad including cell phone			oment; computers, printers, scanne	rs; music (collections; electronic devices
	Describe					
Example ■ No	bles of value es: Antiques and figurin other collections, m Describe			oks, pictures, or other art objects; s	tamp, coir	n, or baseball card collections;
		abios				
Example No	ent for sports and holes: Sports, photographi musical instruments Describe	c, exercise, and	other hobby equipment;	bicycles, pool tables, golf clubs, sk	is; canoes	and kayaks; carpentry tools;
■ No		guns, ammunitio	on, and related equipmer	nt		
□ No		furs, leather coa	ts, designer wear, shoes	, accessories		
	nece	essary wearin	g apparel			\$500.00
■ No		costume jewelry	, engagement rings, wed	lding rings, heirloom jewelry, watche	es, gems, /	gold, silver
Examp ■ No	rm animals bles: Dogs, cats, birds, l	norses				
■ No	ner personal and hous		ou did not already list, i	ncluding any health aids you did	not list	
		-	rom Part 3, including a	ny entries for pages you have att	ached	\$1,100.00
Part 4: Des	scribe Your Financial Ass	sets				
			rest in any of the follow	ring?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examp</i> ■ No	oles: Money you have in	ı your wallet, in y	our home, in a safe dep	osit box, and on hand when you file	your petiti	on

Official Form 106A/B Schedule A/B: Property page 2

		Case 1	.0-03081 DOC		u 02/08/10			Desc Main
De	ebtor 1	Michael L	Robinson	D(ocument	Page 12 o	Case number (if known)	
	☐ Yes							
	Examp _						s in credit unions, brokerage	houses, and other similar
	□ No ■ Yes				Institution	n name:		
			de la Dabita	Od	PLS			\$0.00
			17.1. Debit	Caru	- FL3			φυ.υυ
18.			ds, or publicly tradeonds, investment account		kerage firms, m	noney market acco	unts	
	☐ Yes		Institutio	n or issuer na	ame:			
19.		ublicly trade int venture	d stock and interests	in incorpor	rated and unin	ncorporated busin	nesses, including an interes	et in an LLC, partnership,
		Give specifi	c information about the Name of ent				% of ownership:	
20.	Negotia	able instrum	orporate bonds and ents include personal truments are those you	checks, cash	iers' checks, p	romissory notes, a	nd money orders.	
		Give specific	information about the Issuer name					
21.			sion accounts s in IRA, ERISA, Keog	h, 401(k), 40	03(b), thrift savi	ngs accounts, or o	ther pension or profit-sharing	plans
		List each acc	count separately. Type of accour	nt:	Institution	n name:		
22.	Your sl Examp	hare of all ur	and prepayments nused deposits you ha ents with landlords, pr				use from a company , telecommunications compa	nies, or others
	■ No □ Yes.				Institution	n name or individua	al:	
23.	Annuiti	ies (A contra	ct for a periodic paym	ent of money	to you, either	for life or for a num	nber of years)	
	■ No □ Yes		Issuer name and de	scription.				
24.			cation IRA, in an acco (1), 529A(b), and 529(alified ABLE p	orogram, or under	a qualified state tuition pro	ogram.
	☐ Yes		Institution name and	description.	Separately file	the records of any	y interests.11 U.S.C. § 521(c)	:
25.	Trusts, ■ No	, equitable o	r future interests in	oroperty (oth	her than anyth	ing listed in line	1), and rights or powers exe	ercisable for your benefit
	☐ Yes.	Give specifi	c information about the	em				
26.			s, trademarks, trade domain names, websi				reements	
		Give specifi	c information about the	em				
27.			es, and other genera permits, exclusive lice			tion holdings, liquo	r licenses, professional licens	ses
		Give specifi	c information about the	em				

Case 16-03681 Doc 1 Filed 02/08/16 Entered 02/08/16 10:33:20 Desc Main Document Page 13 of 51 Case number (if known) Debtor 1 Michael L. Robinson Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

page 4

Case 16-03681 Doc 1 Filed 02/08/16 Entered 02/08/16 10:33:20 Desc Main Document Page 14 of 51 Debtor 1 Case number (if known) Michael L. Robinson ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$3,725.00 Part 3: Total personal and household items, line 15 \$1,100.00 Part 4: Total financial assets, line 36 58. \$0.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$4,825.00 Copy personal property total \$4,825.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$4,825.00

Official Form 106A/B Schedule A/B: Property page 5

	Cas	se 16-03681 Doc	1 Filed 02/08/1 Document		Entered 02/08/16 10:33 age 15 of 51	:20 D	
Fil	I in this inform	ation to identify your case:			due 13 0/ 31		
De	ebtor 1	Michael L. Robinson					
_		First Name	Middle Name	Las	t Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	Las	it Name		
Un	ited States Ban	kruptcy Court for the: NOF	RTHERN DISTRICT OF	ILLINOI	IS		
Ca	se number						
(if k	nown)						Check if this is an amended filing
S		e C: The Prope			as Exempt ner, both are equally responsible fo	r supplying	12/15
the nee	property you lis	ted on Schedule A/B: Proper attach to this page as many	ty (Official Form 106A/B) as you	ur source, list the property that you ge as necessary. On the top of any	claim as e	exempt. If more space is
	each item of p					IIU EXEIIIL	
spe any fun exe	ecific dollar am applicable sta ds—may be ur emption to a pa	ount as exempt. Alternative atutory limit. Some exemption alimited in dollar amount. H	ons—such as those followever, if you claim ar	r health n exem _l	naids, rights to receive certain b ption of 100% of fair market valu etermined to exceed that amount	enefits, a e under a	nd tax-exempt retirement law that limits the
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speany fun exe to t	applicable stands—may be unamy to a particular applicable stands—may be unamption to a particular applicable stands—I Identify Which set of You are classed and you are classed applicable and you are classed and you are class	ount as exempt. Alternative attutory limit. Some exemptional imited in dollar amount. Hurticular dollar amount and estatutory amount. If the Property You Claim as exemptions are you claimin aiming state and federal nonbalaming federal exemptions. 1 Perty you list on Schedule A/In of the property and line on the lists this property Inanti 89,000 miles Dedule A/B: 3.1	cons—such as those for lowever, if you claim at the value of the proper is Exempt ag? Check one only, even ankruptcy exemptions. 1 U.S.C. § 522(b)(2) B that you claim as execute control you own Copy the value from Schedule A/B \$3,725.00	en if you 11 U.S. empt, fi Amou	a aids, rights to receive certain better of 100% of fair market value termined to exceed that amount of the exemption you claim for the exemption you claim for the exemption of the exemption. \$2,400.00	enefits, and e under a strong your execution Specific la	nd tax-exempt retirement law that limits the emption would be limited
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speany fun exe to t	applicable stands—may be unally applicable stands—may be unally applicable stands—may be unally applicable stands—in Identify Which set of You are classed and you a	ount as exempt. Alternative atutory limit. Some exemption in the property of Claim as exemptions are you claiming state and federal nonbasiming federal exemptions. 1 erty you list on Schedule A/n of the property and line on the lists this property	cons—such as those for lowever, if you claim and the value of the proper is Exempt ang? Check one only, even ankruptcy exemptions. 1 U.S.C. § 522(b)(2) B' that you claim as exemption you own Copy the value from Schedule A/B \$3,725.00	en if you 11 U.S. empt, fi Amou	a aids, rights to receive certain better of 100% of fair market value etermined to exceed that amount of spouse is filing with you. C. § 522(b)(3) Ill in the information below. Int of the exemption you claim of the exemption. \$2,400.00 100% of fair market value, up to any applicable statutory limit \$600.00 100% of fair market value, up to	enefits, and e under a strong your execution of the strong your execution	nd tax-exempt retirement law that limits the emption would be limited aws that allow exemption

3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes Case 16-03681 Doc 1 Filed 02/08/16 Entered 02/08/16 10:33:20 Desc Main

Ca	126 10-02001	Doc 1 Tiled 02/00 Documen		3 of 51	33.20 Desc iv	παιιι
Fill in this inform	nation to identify you		Paue I	0 01 31		
Debtor 1	Michael L. Robin	Niddle Name	Last Name			
Debtor 2	First Name	Middle News	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS			
Case number					_	if this is an ded filing
Official Forn	n 106D					
		Who Have Clain	ns Secure	d by Propert	V	12/15
Be as complete and needed, copy the Aknown). Do any creditors No. Check	d accurate as possible. If dditional Page, fill it out, have claims secured by	two married people are filing to number the entries, and attach i your property? his form to the court with your	gether, both are equ it to this form. On the	ally responsible for sup e top of any additional p	- plying correct informatic ages, write your name a	
Part 1: List A	II Secured Claims			0-1	California D	0-1
each claim. If more	than one creditor has a pa	ore than one secured claim, list the articular claim, list the other creditor ar according to the creditor's name	ors in Part 2. As much		Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Overland Investmen		Describe the property that secu	ures the claim:	\$15,000.00	\$3,725.00	\$0.00
Creditor's Name		2004 Kia Amanti 89,000 V6 Sedan 4D				
4701 Wes	t Fullerton	As of the date was file the plain				
Avenue		As of the date you file, the clair apply.	n is: Check all that			
Chicago,	IL 60639	☐ Contingent				
Number, Street	, City, State & Zip Code	☐ Unliquidated				
Who owes the de	ebt? Check one.	☐ Disputed Nature of lien. Check all that a	pply.			
Debtor 1 only		An agreement you made (succar loan)	h as mortgage or sec	eured		
Debtor 2 only	shtar 2 anly		o maabaniala lian)			
Debtor 1 and De	ne debtors and another	☐ Statutory lien (such as tax lier ☐ Judgment lien from a lawsuit				
Check if this cla	aim relates to a	Other (including a right to offs	DMCI			
community de	D1					
Date debt was incu	August,	Last 4 digits of account	number			
If this is the last Write that number Part 2: List Oth Use this page only to collect from you creditor for any of	page of your form, add the here: ners to Be Notified for if you have others to be to so the debts that you listed	lumn A on this page. Write that in the dollar value totals from all page or a Debt That You Already Li notified about your bankruptcy omeone else, list the creditor in l in Part 1, list the additional cred	ges. isted for a debt that you a Part 1, and then list t	the collection agency he	or example, if a collectionere. Similarly, if you have	more than one
do not fill out or su	ibinit this page.					
Name Ad-	dress		On which lin	e in Part 1 did you	enter the creditor?	?

Official Form 106D

Last 4 digits of account number

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Page 17 of 51 Document Fill in this information to identify your case: Debtor 1 Michael L. Robinson Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1 Latonya Shearer \$8,000.00 \$8,000.00 \$0.00 Last 4 digits of account number Priority Creditor's Name 6157 South Kenwood When was the debt incurred? Chicago, IL 60637 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only At least one of the debtors and another Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes child support arrears Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you?

- - No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 - Yes.
- List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debto	or 1 Michael L. Robinson	Case number (if know)	
4.1	City of Chicago Dept. of Revenue* Nonpriority Creditor's Name Bankruptcy Department 121 N. LaSalle, Rm 107A	Last 4 digits of account number When was the debt incurred?	\$2,000.00
	Chicago, IL 60604 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Parking Ticket(s)	
4.2	Com Ed Nonpriority Creditor's Name Legal Revenue Recovery/Claims Dept	Last 4 digits of account number When was the debt incurred?	\$390.00
	3 Lincoln Center Oak Brook Terrace, IL 60181 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only	As of the date you file, the claim is: Check all that apply Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No ☐ Yes	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Utility-current service	
4.3	Comcast Nonpriority Creditor's Name P.O. Box 3002 Southeastern, PA 19398-3002	Last 4 digits of account number When was the debt incurred?	\$600.00
	Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only	As of the date you file, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset? —	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Utility	

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Debtor 1 Michael L. Robinson Case number (if know) 4.4 Fifth Third Bank Checking Last 4 digits of account number \$400.00 Nonpriority Creditor's Name c/o Jefferson Capital System When was the debt incurred? 16 McLeland Rd. Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify overdraft ☐ Yes 4.5 **First Premier Bank** Last 4 digits of account number \$426.00 Nonpriority Creditor's Name P.O. Box 5529 When was the debt incurred? Sioux Falls, SD 57117-5529 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.6 John Stroger Hospital Last 4 digits of account number \$2,000.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 70121 Chicago, IL 60673-5698 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify

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Dept	or 1 Michael L. Robinson	Case number (if know)	
4.7	Kahuna Payment Solutions	Last 4 digits of account number	\$1,510.00
	Nonpriority Creditor's Name 705 North East St Suite 2	When was the debt incurred?	
	Bloomington, IL 61701 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent ☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Personal Loan	
4.8	Nicor Gas*	Last 4 digits of account number	\$931.00
	Nonpriority Creditor's Name P.O. Box 5407	When was the debt incurred?	
	Carol Stream, IL 60197-5407 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utility-old service	
4.9	Peoples Gas*	Last 4 digits of account number	\$630.00
	Nonpriority Creditor's Name Attn: Bankruptcy/Legal Department 200 E. Randolph Street, Floor 20	When was the debt incurred?	
	Chicago, IL 60601 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Utility-old service	
		poon,	

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Case number (if know)

4.10	T-Mobile	Last 4 digits of account number	\$331.00
	Nonpriority Creditor's Name P.O. Box 742596	When was the debt incurred?	****
	Cincinnati, OH 45274-2596 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utility-old service	
	55	Other. Specify	
4.11	TCF National Bank	Last 4 digits of account number	\$200.00
	Nonpriority Creditor's Name	When we she debt in coursed?	
	800 Burr Ridge Parkway Burr Ridge, IL 60527	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	□ Unliquidated	
	☐ Debtor 2 only	□ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify overdraft	
4.12	U.S. Bank, N.A.*	Last 4 digits of account number	\$326.00
	Nonpriority Creditor's Name		· · · · · · · · · · · · · · · · · · ·
	Bankruptcy Department P.O. Box 5229	When was the debt incurred?	
	Cincinnati, OH 45201-5229		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify overdraft	
Part 3	List Others to Be Notified About a Deb	nt That You Δiready Listed	
		·	s collection agency is
trying more	g to collect from you for a debt you owe to some	out your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a one else, list the original creditor in Parts 1 or 2, then list the collection agency here. S sted in Parts 1 or 2, list the additional creditors here. If you do not have additional per- nage.	imilarly, if you have
•	·	On which entry in Part 1 or Part 2 did you list the original creditor?	
City	of Chicago Dept. of Revenue*	Line <u>4.1</u> of (<i>Check one</i>):	
	rnold Scott Harris PC	■ Part 2: Creditors with Nonpriority Unsecured Clai	ms
	Merchandise Mart Pz, #1932 ago, IL 60654		

Official Form 106 E/F

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Name and Address (City of Chicago Dept. of Revenue' c/o Linebarger Goggan Blair & Samps P.O. Box 08152 Chicago. IL 08066-0152 Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which emity in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address Chicago, IL 60601 Last 4 digits of account number Name and Address Chicago, IL 60602 Last 4 digits of account number Name and Address Chicago, IL 60602 Last 4 digits of account number Name and Address Chicago, IL 60602 Last 4 digits of account number Name and Address Chicago, IL 60602 Last 4 digits of account number Name and Address Chicago, IL 60602 Last 4 digits of account number Name and Address Chicago, IL 60602 Last 4 digits of account number Name and Address Chicago, IL 60606 Last 4 digits of account number Name and Address Chicago, IL 60606 Last 4 digits of account number Name and Address Chicago, IL 60606 Last 4 digits of account number Name and Address Chicago, IL 6	Deptor 1 Michael L. Robinson		Case number (if know)
City of Chicago Dept. of Revenue' c/of Linebarger Goggan Blair & Samps Pont Schied Goggan Blair & Samps Last 4 digits of account number Last 4 digits of account number Pont 1 creditors with Nonpriority Unsecured Claims Part 2 Creditors with Nonpriority Unsecured Claims		Last 4 digits of account number	
Name and Address DMV TN is State St. 10th Floor Chicago, IL 60602 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): In Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Fifth Third Bank Attr. Bankruptcy Dept. MD1MOBBW 5001 Kingsley Drive Cincinnati, OH 45227 Name and Address Harris & Harris' 11 NV. Jackson Blvd, Ste. 400 Chicago, IL 60604 Name and Address Hillinois Dept. of Healthcare/Family Division of Child Support 32 West Randolph, 10th Floor Chicago, IL 60601 Name and Address Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): In Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): In Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): In Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address Drive Barry of State Last 4 digits of account number On which entry in Part 1 o	City of Chicago Dept. of Revenue* c/o Linebarger Goggan Blair & Samps P.O. Box 06152	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
DMY TN N. State St. 10th Floor Chicago, IL 60602 Last 4 digits of account number Name and Address Fifth Third Bank Attr: Bank ruptcy Dept. MD1MOBBW 50th Kingsley Drive Cincinnatt, OH 45227 Now Address Fifth Third Bank Attr: Bank ruptcy Dept. MD1MOBBW 50th Kingsley Drive Cincinnatt, OH 45227 Last 4 digits of account number Name and Address Harris & Harris' 111 W. Jackson Blvd, Ste. 400 Chicago, IL 60604 Name and Address Illinois Dept. of Healthcare/Family Division of Child Support 22 West Randolph, 10th Floor Chicago, IL 60601 Name and Address John Stoger Hospital 1900 W. Polk 1910 W. Polk 1911 Floor Chicago, IL 60605 Name and Address Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60606 Name and Address Last 4 digits of account number Name and Address Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60606 Name and Address Last 4 digits of account number Name and Address Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60610 Last 4 digits of account number Name and Address Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60610 Last 4 digits of account number Name and Address Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60610 Last 4 digits of account number Name and Address Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Ine 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Uns		Last 4 digits of account number	
Last 4 digits of account number Name and Address Fifth Third Bank Attn: Bankruptcy Dept. MD1MOBBW 501 Kingsley Drive Cincinnati, OH 45227 Name and Address Harris & Harris H	DMV 17 N. State St. 10th Floor		☐ Part 1: Creditors with Priority Unsecured Claims
Fifth Third Bank Atth: Bankruptey Dept. MD1MOBBW 5001 Kingsley Drive Cincinnati, OH 45227 Last 4 digits of account number Name and Address Harris * Harris	5.11.0dg6, 12 00002	Last 4 digits of account number	
Harris & Harris 111 W. Jackson Bivd, Ste. 400 Chicago, IL 60604 Name and Address Illinois Dept. of Healthcare/Family Divison of Child Support 32 West Randolph, 10th Floor Chicago, IL 60601 Name and Address John Stoger Hospital 1990 W. Polk 15th Floor Chicago, IL 60612 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): □ Part 1: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpri	Fifth Third Bank Attn: Bankruptcy Dept. MD1MOBBW 5001 Kingsley Drive	Line <u>4.4</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
Harris & Harris 111 W. Jackson Bivd, Ste. 400 Chicago, IL 60604 Name and Address Illinois Dept. of Healthcare/Family Divison of Child Support 32 West Randolph, 10th Floor Chicago, IL 60601 Name and Address John Stoger Hospital 1990 W. Polk 15th Floor Chicago, IL 60612 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): □ Part 1: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpri	News and Address		control the the amining land the PO
Name and Address Illinois Dept. of Healthcare/Family Divison of Child Support 32 West Randolph, 10th Floor Chicago, IL 60601 Last 4 digits of account number Name and Address John Stoger Hospital 1990 W. Polk 15th Floor Chicago, IL 60612 Last 4 digits of account number Name and Address John Stoger Hospital 1990 W. Polk 15th Floor Chicago, IL 60612 Last 4 digits of account number Name and Address John Stoger Hospital 1900 W. Polk 15th Floor Chicago, IL 60612 Last 4 digits of account number Name and Address Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60606 Name and Address John Striksen Parkway Springfield, IL 62723 Name and Address T-Mobile Customer Relations Dept. P.O. Box 37380 Albuquerque, NM 87176-7380 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Credi	Harris & Harris* 111 W. Jackson Blvd, Ste. 400	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Illino is Dept. of Healthcare/Family Divison of Child Support 32 West Randolph, 10th Floor Chicago, IL 60601 Last 4 digits of account number Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 4: Creditors with Priority Unsecured Claims Part 5: Creditors with Priority Unsecured Claims Part 6: Creditors with Priority Unsecured Claims Part 7: Creditors with Priority Unsecured Cla			
Name and Address John Stoger Hospital John Stoger H	Illinois Dept. of Healthcare/Family Divison of Child Support 32 West Randolph, 10th Floor		■ Part 1: Creditors with Priority Unsecured Claims
John Stoger Hospital 1900 W. Polk 1900 W. Polk 15th Floor Chicago, IL 60612 Last 4 digits of account number Name and Address Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Priority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Customer Relations Dept. P.O. Box 37380 Albuquerque, NM 87176-7380 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Customer Relations Dept. P.O. Box 37380 Albuquerque, NM 87176-7380 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims	Cincago, iz 0000 i	Last 4 digits of account number	
Last 4 digits of account number Name and Address Check one	John Stoger Hospital 1900 W. Polk 15th Floor		☐ Part 1: Creditors with Priority Unsecured Claims
Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		Last 4 digits of account number	
Secretary of State 2701 S. Dirksen Parkway Springfield, IL 62723 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address T-Mobile/T-Mobile USA C/O American Infosource P.O. Box 248848	Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Secretary of State 2701 S. Dirksen Parkway Springfield, IL 62723 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address T-Mobile/T-Mobile USA C/O American Infosource P.O. Box 248848	Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
T-Mobile Customer Relations Dept. P.O. Box 37380 Albuquerque, NM 87176-7380 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? T-Mobile/T-Mobile USA c/o American Infosource P.O. Box 248848 Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims	Secretary of State 2701 S. Dirksen Parkway	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
T-Mobile Customer Relations Dept. P.O. Box 37380 Albuquerque, NM 87176-7380 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? T-Mobile/T-Mobile USA c/o American Infosource P.O. Box 248848 Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims	Name and Address	On which ontry in Part 1 or Part 2 did	you list the original creditor?
T-Mobile/T-Mobile USA Line 4.10 of (Check one): c/o American Infosource P.O. Box 248848 Line 4.10 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	T-Mobile Customer Relations Dept. P.O. Box 37380	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
Oklahoma City, OK 73124-8848 Last 4 digits of account number	T-Mobile/T-Mobile USA c/o American Infosource	On which entry in Part 1 or Part 2 did Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims

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Debtor 1 Michael L. Robinson

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total cla	im
	6a.	Domestic support obligations	6a.	\$	8,000.00
Fotal claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	8,000.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
otal claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	9,744.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$	9,744.00

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		DUCUITIE	IIL FAUE 24 UI SI	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Michael L. Robin	son		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

I	Person or	company with Name, Number,	whom you have the , Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

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		Docume	ent Page 25 d	of 51
Fill in this	information to identify you			
Debtor 1	Michael L. Robi	neon		
DODIO! 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filin	ng) First Name	Middle Name	Last Name	
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case numb	ner			
(if known)				☐ Check if this is an
				amended filing
Sched Codebtors beople are ill it out, ar	filing together, both are ed nd number the entries in the	are also liable for any dek qually responsible for sup ne boxes on the left. Attacl	olying correct informanthe	as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, write
our name	and case number (if know	n). Answer every question		
1. Do y	you have any codebtors?	If you are filing a joint case,	do not list either spous	e as a codebtor.
■ No				
☐ Yes				
Arizona No.	an the last 8 years, have your and the last 8 years, have your and the line 3. Did your spouse, former spouse, for the former spous	a, Nevada, New Mexico, Pu	erto Rico, Texas, Wasł	ry? (Community property states and territories include nington, and Wisconsin.)
in line Form 1	2 again as a codebtor only	/ if that person is a guarar	ntor or cosigner. Make	or if your spouse is filing with you. List the person show e sure you have listed the creditor on Schedule D (Offici 06G). Use Schedule D, Schedule E/F, or Schedule G to
-	Column 1: Your codebtor Name, Number, Street, City, State and	ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				Schedule D, line
Г	Name			Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
(City	State	ZIP Code	
3.2				□ Schodulo D. lino
	Name			□ Schedule D, line □ Schedule E/F, line
				☐ Schedule G, line
_				
	Number Street City	State	ZIP Code	
•	•			

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Sill	in this information to identify your	caco:								
	btor 1 Michael L.									
	btor 2 puse, if filing)									
Uni	ited States Bankruptcy Court for th	ne: NORTHERN DISTRI	CT OF ILLINOIS							
	se number nown)		-			□ A □ A		ed filing ent showin	g postpetitior ollowing date:	
<u>O</u>	fficial Form 106l					M	IM / DD/ Y	YYY		
S	chedule I: Your Ind	come								12/1
atta	cuse. If you are separated and you che a separate sheet to this form Tt 1: Describe Employment Fill in your employment information.	. On the top of any addit					umber (if	known). A		
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Emple	•		
	information about additional employers.	Occumation	□ Not employed				☐ Not e	mpioyea		
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	Barber Quality Cuts							
	Occupation may include student or homemaker, if it applies.	Employer's address	1805 Dempster Evanston, IL							
		How long employed t	here? 12 year	rs			_			
Par	rt 2: Give Details About Mo	onthly Income								
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to	report fo	r any	line, write	e \$0 in the	e space. In	clude your no	on-filing
	ou or your non-filing spouse have r e space, attach a separate sheet t		ombine the information	on for all	emp	loyers for	that pers	on on the I	lines below. If	you need
						For Deb	otor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	2,	166.67	\$	N/A	
3.	Estimate and list monthly ove	rtime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	2,16	66.67	\$	N/A	

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Deb	tor 1	Michael L. Robinson	_	Case	number (<i>if known</i>)			
				For	Debtor 1		btor 2 or	
	Сор	y line 4 here	4.	\$	2,166.67	\$	N/A	
5.	l iet	all payroll deductions:						
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$	0.00	\$	N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.00	\$	N/A	
	5e.	Insurance	5e.	\$-	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$-	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify: Booth Rental	5h	· · —	433.33	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	433.33	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 	1,733.34	\$	N/A	
8.	List 8a. 8b. 8c.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8a. 8b. t	\$ 	0.00 0.00	\$ \$	N/A N/A	
		regularly receive Include alimony, spousal support, child support, maintenance, divorce	•	•		•		
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$ \$	0.00	\$ \$	N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$ \$	0.00	\$ \$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	<u>\</u>
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$		1,733.34 + \$		N/A = \$	1,733.34
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L		,			,
11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .						0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certies					12. \$	1,733.34
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	n?				Combir	ed / income

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Fill	in this information to identify your case:				
Deb	tor 1 Michael L. Robinson		Che	eck if this is:	
	tor 2			An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINC	DIS		MM / DD / YYYY	
	e number nown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f nber (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? □ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	ehold of De	ebtor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				Li Tes
exp	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppledicable date.	ou are using this for lemental <i>Schedule</i>	orm as a s J, check	supplement in a Ch the box at the top o	apter 13 case to report of the form and fill in the
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Ye</i> ficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4.	\$	450.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues		4c. 4d.		0.00
5.	Additional mortgage payments for your residence, such as hon	ne equity loans	5.		0.00

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ebtor 1	Michael L. Robinson	Case num	ber (if known)	
Utiliti	ios:			
6a.	Electricity, heat, natural gas	6a.	\$	50.00
6b.	Water, sewer, garbage collection	6b.		0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		50.00
6d.	Other. Specify:	6d.		0.00
		od. 7.		
	and housekeeping supplies		·	150.00
-	Icare and children's education costs	8.	\$	0.00
	ning, laundry, and dry cleaning	9.	\$	40.00
	onal care products and services	10.	\$	5.00
	cal and dental expenses	11.	\$	0.00
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	100.00
	ot include car payments.			44.04
	rtainment, clubs, recreation, newspapers, magazines, and books	13.		11.34
	itable contributions and religious donations	14.	\$	0.00
. Insur				
	ot include insurance deducted from your pay or included in lines 4 or 20.	450	¢	0.00
	Life insurance	15a.		0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	102.00
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
Spec		16.	\$	0.00
	Ilment or lease payments:	4-	•	
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
. Your	payments of alimony, maintenance, and support that you did not report as	 i 18.	e	200.00
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	φ	
	r payments you make to support others who do not live with you.	40	>	0.00
Spec		19.	-	
	r real property expenses not included in lines 4 or 5 of this form or on Scho			0.00
	Mortgages on other property	20a.	·	0.00
	Real estate taxes	20b.	·	0.00
20c.	Property, homeowner's, or renter's insurance	20c.		0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
. Othe	r: Specify:	21.	+\$	0.00
	· · -			
	ulate your monthly expenses			4 4 = 0 0 1
	Add lines 4 through 21.		\$	1,158.34
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	1,158.34
				· · · · · · ·
	ulate your monthly net income.	00-	Φ.	4 = 44 = 4
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	1,733.34
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,158.34
00-	Culturative and the company of the c			
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	575.00
	The result is your monthly net income.	200.	Ŧ	
l Dow	ou expect an increase or decrease in your expenses within the year after yo	ou file this	form?	
	cample, do you expect to finish paying for your car loan within the year or do you expect your r			or decrease because of a
	cation to the terms of your mortgage?	J. J. PO	,	
■ No	Ω.			

Fill in this in	nformation to identify your	case:			
Debtor 1	Michael L. Robins	son			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)) First Name	Middle Name	Last Name		
(Spouse II, IIIIII)) Histiname	Wildule Name	Last Name		
United State	s Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case number	ar				
(if known)					☐ Check if this is an
					amended filing
Official F	orm 106Dec				
Declar	ration About a	n Individual	Debtor's Sch	hedules	12/15
				1044100	12,10
If two marrie	ed people are filing togethe	r, both are equally resp	onsible for supplying corr	rect information.	
V	- 4b.1- 6 6	9 - b l l l - l - l		Maldan a falsa ata	
					tement, concealing property, or 00, or imprisonment for up to 20
	th. 18 U.S.C. §§ 152, 1341, 1		mapley sade sam result in	1 mice up to 4200,0	50, 01 mp.160 mioni 101 up 10 20
	Sign Below				
Did you	u pay or agree to pay some	one who is NOT an atto	orney to help you fill out be	ankruptcy forms?	
— Na	•				
■ No	J				
☐ Ye	es. Name of person				kruptcy Petition Preparer's Notice,
				Declaration	n, and Signature (Official Form 119)
	penalty of perjury, I declare	that I have read the sur	mmary and schedules filed	d with this declarati	on and
that the	y are true and correct.				
X /s/	Michael L. Robinson		X		
	chael L. Robinson		Signature of D	Debtor 2	
Sigr	nature of Debtor 1		-		
D-1	o Fohmuem: 0 0040		Data		
Date	e February 8, 2016		Date		

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Fill	in this inform	nation to identify you	r case:			
Deb	otor 1	Michael L. Robin	Niddle Name	Last Name		
	otor 2					
(Spor	use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
1	e number					
(if kn	own)				_	Check if this is an mended filing
						g
Off	ficial For	m 107				
			Affairs for Individ	uals Filing for R	ankruntov	12/1
					e equally responsible for sup	
info	rmation. If m	ore space is needed,	attach a separate sheet to		y additional pages, write yo	
num	ber (if known	ı). Answer every que	stion.			
Par	Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married					
	■ Not mari	ried				
2.	During the la	ıst 3 vears, have vou	lived anywhere other than v	where you live now?		
	_	, , ,				
	□ No ■ Voc List	t all of the places you	lived in the last 2 years. Do no	at include where you live no	.,	
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address:					
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
	5447 South	•	From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1
	Chicago, II	L 60609	2013-2015			From-To:
	es and territorie	es include Arizona, Ca		vada, New Mexico, Puerto R	nity property state or territor ico, Texas, Washington and V	
Par	t 2 Explain	n the Sources of You	r Income			
4.					ear or the two previous cale	ndar years?
			ou received from all jobs and a have income that you receive			
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,000.00	☐ Wages, commissions, bonuses, tips	,
			☐ Operating a business		☐ Operating a business	
			- Operating a business		. 5	

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Document Page 32 of 51 Case number (if known) Debtor 1 Michael L. Robinson Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$11,200.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$10,700.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions and Describe below. (before deductions exclusions) and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? \square No. Go to line 7. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to

an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... still owe paid

Case 16-03681 Doc 1 Filed 02/08/16 Entered 02/08/16 10:33:20 Desc Main Document Page 33 of 51 Debtor 1 Michael L. Robinson Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No ☐ Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was **Amount** 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 Describe the gifts per person Person to Whom You Gave the Gift and

Dates you gave the gifts

Value

Address:

Official Form 107

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made

Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

П Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Michael L. Robinson

19.		10 years before you filed for bankrup ciary? (These are often called asset-pro		y property to a	a self-settle	ed trust or similar devic	e of which you are a	ı	
	□ Ye	es. Fill in the details.							
	Name	of trust	Description and v	alue of the pro	operty trans	sferred	Date Transfer wa made	IS	
Par	t 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and S	Storage Uni	ts			
20.	sold, n Include houses		or other financial accou	nts; certificate	s of depos	•			
		es. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last baland before closing transf	or	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)	er, Street, City,		the contents	Do you still have it?		
22.	Have y	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy							
	■ No	o es. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)		Who else has or h to it? Address (Number, S State and ZIP Code)	er, Street, City,		the contents	Do you still have it?		
Par	t 9:	dentify Property You Hold or Control	for Someone Else						
23.	Do you for sor	u hold or control any property that someone.	meone else owns? Incl	ude any prope	rty you bor	rowed from, are storing	g for, or hold in trus	t	
	■ No	o es. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)		Where is the prop (Number, Street, City, S Code)			the property	Valu	ле	
		Give Details About Environmental Info							

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Michael L. Robinson

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.								
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admi	nistrative proceeding under any envir	onmental law? Include settlements a	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Co	onnections to Any Business						
27.	Within 4 years before you filed for bankruptc	y, did you own a business or have any	of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability compa	ny (LLC) or limited liability partnershi	p (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing exec	cutive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part 12.							
	☐ Yes. Check all that apply above and fill in	n the details below for each business.						
	Business Name I Address	Describe the nature of the business	Employer Identification number					
	(Number, Street, City, State and ZIP Code)	Do not include Social Security number or ITIN. Dates business existed						
28.	Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.	y, did you give a financial statement to	o anyone about your business? Inclu	de all financial				
	■ No							
	Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						

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Debtor 1 Michael L. Robinson

Part 12:	Sign	Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S	.C. §§ 152, 1341, 1519	, and 3571.
/s/ M	ichael L. Robinson	
	ael L. Robinson ture of Debtor 1	Signature of Debtor 2
Date	February 8, 2016	Date
Did yo	u attach additional pa	ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes	;	
Did yo	u pay or agree to pay	someone who is not an attorney to help you fill out bankruptcy forms?
■ No		
Пу	Name of Person	Attach the Rankruntcy Petition Prenarer's Notice Declaration, and Signature (Official Form 110)

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$200.00

toward the flat fee, leaving a balance due of \$3,800.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: Signed: Muhuel Roc	
Michael L. Robinson	Rae Kaplan
	Attorney for the Debtor(s)
	<u> </u>
Debtor(s)	
Do not sign this agreement if the amo	unts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e _	Michael L. Robinson		Case No.	
			Debtor(s)	Chapter	13
		DISCLOSURE OF COMPI	ENSATION OF ATTOR	NEY FOR DE	EBTOR(S)
1.	con	rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 npensation paid to me within one year before the filterendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
		For legal services, I have agreed to accept		\$	4,000.00
		Prior to the filing of this statement I have received	d	\$	200.00
		Balance Due		\$	3,800.00
2.	\$	310.00 of the filing fee has been paid.			
3.	The	e source of the compensation paid to me was:			
		■ Debtor □ Other (specify):			
4.	The	e source of compensation to be paid to me is:			
		■ Debtor □ Other (specify):			
5.		I have not agreed to share the above-disclosed con	propertion with any other person a	unloss that are mam	hars and associates of my lavy firm
5.	_	Thave not agreed to share the above-disclosed con-	ipensation with any other person (illess they are mem	bers and associates of my faw min.
		I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n			
6.	In	return for the above-disclosed fee, I have agreed to	render legal service for all aspects	of the bankruptcy of	ase, including:
	b. c.	Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed]	atement of affairs and plan which	may be required;	
7.	Ву	agreement with the debtor(s), the above-disclosed	fee does not include the following	service:	
			CERTIFICATION		
this		ertify that the foregoing is a complete statement of a kruptcy proceeding.	any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
ı	Feb	ruary 8, 2016	/s/ Rae Kaplan		
_	Date		Rae Kaplan Signature of Attorne Kaplan Bankrupto 25 East Washingt Suite 1501 Chicago, IL 60602 (312) 294-8989 Forkaplan@financia Name of law firm	ey Firm, LLC on St ax: (312) 294-899	5

United States Bankruptcy Court Northern District of Illinois

In re	Michael L. Robinson	Debtor(s)	Case No. Chapter	13	
	VERI	IFICATION OF CREDITOR MA			
		Number of Cr	editors: _	25	
	The above-named Debtor(s) he (our) knowledge.	ereby verifies that the list of creditors	s is true and	correct to the best of my	
Date:	February 8, 2016	/s/ Michael L. Robinson Michael L. Robinson Signature of Debtor			

City of Chicago Dept. of Revenue* Bankruptcy Department 121 N. LaSalle, Rm 107A Chicago, IL 60604

City of Chicago Dept. of Revenue* c/o Arnold Scott Harris PC 222 Merchandise Mart Pz, #1932 Chicago, IL 60654

City of Chicago Dept. of Revenue* c/o Linebarger Goggan Blair & Samps P.O. Box 06152 Chicago, IL 60606-0152

Com Ed
Legal Revenue Recovery/Claims Dept
3 Lincoln Center
Oak Brook Terrace, IL 60181

Comcast P.O. Box 3002 Southeastern, PA 19398-3002

DMV 17 N. State St. 10th Floor Chicago, IL 60602

Fifth Third Bank Attn: Bankruptcy Dept. MD1MOBBW 5001 Kingsley Drive Cincinnati, OH 45227

Fifth Third Bank Checking c/o Jefferson Capital System 16 McLeland Rd. Saint Cloud, MN 56303

First Premier Bank P.O. Box 5529 Sioux Falls, SD 57117-5529

Harris & Harris* 111 W. Jackson Blvd, Ste. 400 Chicago, IL 60604 Illinois Dept. of Healthcare/Family Divison of Child Support 32 West Randolph, 10th Floor Chicago, IL 60601

John Stoger Hospital 1900 W. Polk 15th Floor Chicago, IL 60612

John Stroger Hospital PO Box 70121 Chicago, IL 60673-5698

Kahuna Payment Solutions 705 North East St Suite 2 Bloomington, IL 61701

Latonya Shearer 6157 South Kenwood Chicago, IL 60637

Linebarger, Goggan Blair & Sampson 233 S Wacker Dr # 4030 Chicago, IL 60606

Nicor Gas*
P.O. Box 5407
Carol Stream, IL 60197-5407

Overland Bond & Investment Corp. 4701 West Fullerton Avenue Chicago, IL 60639

Peoples Gas*
Attn: Bankruptcy/Legal Department
200 E. Randolph Street, Floor 20
Chicago, IL 60601

Secretary of State 2701 S. Dirksen Parkway Springfield, IL 62723 T-Mobile P.O. Box 742596 Cincinnati, OH 45274-2596

T-Mobile Customer Relations Dept. P.O. Box 37380 Albuquerque, NM 87176-7380

T-Mobile/T-Mobile USA c/o American Infosource P.O. Box 248848 Oklahoma City, OK 73124-8848

TCF National Bank 800 Burr Ridge Parkway Burr Ridge, IL 60527

U.S. Bank, N.A.*
Bankruptcy Department
P.O. Box 5229
Cincinnati, OH 45201-5229